

SAP#

## Appendix A – Attachment 1

**SERVICE COMMITMENT AND LOAN BALANCE****A. Grantee:**

1. Name:
2. Discipline:
3. License Number:
4. Home Address 1:  
Address 2:  
City:  
State:  
Zip:
5. Home or Cell Phone:
6. E-mail address:

**B. Approved Practice Site(s):**

1. Name:  
  
Phone:  
  
Address 1:  
Address 2:  
City:  
State:  
Zip:
2. Name:  
  
Phone:  
  
Address 1:  
Address 2:  
City:  
State:  
Zip:

**C. Service Commitment:**

1. Begin Date: July 1, 2022
2. End Date: June 30, 2024

**D. Time Commitment: 2 years****E. Lending Institution(s):**

1. Name:  
  
Address 1:  
Address 2:

City:  
State:  
Account#:  
AmountOwed: \$

2. Name:

Address 1:  
Address 2:  
City:  
State:  
Account#:  
AmountOwed: \$

**F. Loan Balance:            \$**

**G. Total Potential Loan Repayment Grant Funds:   \$**